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DISEASES OF THE SPINE AND OF THE NERVES, 24 PAGES

CLINICS.

CLINICAL LECTURE.

Clinical Lecture on the Milk and Whey Treatment, and on Health Resorts.—By Dr. HERMAN LEBERT, Prof. of Clin. Med. in the University of Breslau. (Continued from page 147.)

Gentlemen: From the previous remarks it appears that cows' milk is particularly nutritious, containing of 14 per cent. solid matters, nearly 5½ nitrogenous and over 4 per cent. butter. Goats' milk, containing nearly the same total amount of solids, has a smaller quantity of casein, but more than twice the quantity of albumen; this is its principal difference, and perhaps on this depends its decided value in obstinate intestinal catarrhs. Sheep's milk is by far the richest and best constituted, and in addition has a more agreeable taste than goats' milk; its large amount of albumen also causes it to rank before goats' milk; one-sixth of its total weight consists of solids, and more than one ninth of its total weight (water included) are casein, albumen, and butter; it cannot be doubted that a milk of this composition recommends itself for courses of milk treatment, and it appears almost incredible that up to the present time the whey only of sheep's milk has been employed for therapeutic purposes. In the future the latter will be limited with benefit to the hygiene of chronic diseases of the chest.

In contrast with the sheep's milk stands asses' milk; rich in water, poor in solid matters, with a relatively small quantity of nutritive constituents, easily digested, a mild aperient, it is, according to my lengthened experience, adapted particularly to chronic lung diseases, accompanied by frequent exacerbation, with inclination to continuous fever, and more especially in tuberculous irritation of the lungs without catarrh of the intestines, when it is much more appropriate than whey; for this reason I have maintained for the last ten years that it should always be employed in the watering places of Silesia.

If we consider the composition of whey, we find that the casein has been totally precipitated, the albumen also (if prepared at a high temperature) and the greater proportion of the butter. On the average there remain in whey only about 7 per cent.

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of solids; the proteine and hydrocarbons are reduced to a small proportion, about 1 or 2 per cent., in that prepared without a high temperature. As principal constituents of this watery solution remain 4⅛ per cent. of milk sugar, and about ⅝ per cent. of salts; the nutritive value of whey is furthermore the less to be taken into consideration, since it is the aim in the preparation of whey to separate the nutritious matters. Milk sugar is no physic; it differs only from other kinds of sugar in its greater insolubility and its readiness to undergo fermentation with the production of lactic acid. Hence the frequent irritation of the stomach and intestinal mucous membrane occurring during a prolonged therapeutical administration of whey.

Of the salts in the milk, part are likewise separated with the casein. The quantity of chloride of sodium in whey is scarcely worth a mention, and the same thing is true of the lime, magnesia, and traces of iron. There remain, therefore, only potassic chloride and free potash, which do not exceed ¼ or ⅛ per cent.; hence the salts become of no importance, particularly if we remember how very much larger a quantity of potash and its salts exist in any article of food, more especially eggs and meat. Nothing is then left in whey which has any therapeutic quality, and nothing of a nutritious kind which is not to be found better and by far more agreeable in different kinds of food. In accordance with this conclusion, I have also learnt by reports from agricultural schools that, in cattle culture, whey is looked upon as of little value, from its scanty supply of nutritive matter and its much too aqueous composition.

Now, one would be very much astonished by the fact that the health resorts in Germany and Switzerland, in which whey is largely employed, are increasing in number year by year, if one could not find an explanation in their being excellent climatic resorts, situated in protected sub-alpine regions, those in the northern district between 1000 and 2000 feet above the level of the sea, the more southern spots about 3000, and those in Engadine 5000 and more.

That, in spite of whey, many patients suffering from chronic chest diseases get better or get cured in such places, observing rest, having amusement, and being well nursed, is quite natural, and it was always to me remarkable that whey treatment has never been favourably regarded nor diffused through France, England, and Italy—in a word, through by far the larger part of Europe.

It is sufficient to read what authors have written on the effects of whey. Some maintain that it has laxative and solvent qualities, others avoid its laxative property, and lay their principal claim to its nutritive (?) quality; others, again, ascribe to the whey a kind of intellectual electicism—to promote normal cell formation, to cause dissolution of abnormal ones and elimination of the same; this contradiction I leave to those who are able to solve it.

Usually the larger doses of whey of 1000 grms. and more are not well tolerated; their only effect in most cases is to relax the bowels, through the quantity of lactose—about 40 grms.—but even this effect is uncertain, and to spoil the appetite. In cases where we intend to produce solvent effects the mineral waters of Homberg or Marienbad, and when we intend to produce a laxative effect the waters of Püllna and Friedrichshall are by far preferable. For the rest, if in cases of chronic diseases of the chest we were to order a small diet in correspondence with the solvent action of the solution of lactose, we should in very many cases do great harm.

Now let me say a few words on milk courses.

Is there in this mode of treatment anything specific against diseases of the chest? By no means; nay, I consider that exclusive treatment by milk without any other food in chronic diseases of the chest, inveterate catarrh, emphysema, bronchiectasis, and tuberculosis, is positively injurious; but if a certain quantity of good and fresh milk be given to such patients morning and evening, in addition to other nutritious and substantial food, in well-situated, sheltered, and well-conducted sub-Alpine health resorts, then this excellent and easily-digested food will very much assist the general hygienic treatment: particularly if the four different kinds of milk are given as the special cases may require it; cows' milk for ordinary use, goats' milk when proclivity to intestinal catarrh exists, sheep's milk when nutrition is much impaired, and the comparatively dilute asses' milk where, in consequence of existing febrile processes, the other more nutritious kinds are not well tolerated, which processes often occur, more

particularly in the course of tuberculosis. It is very advisable to protect such patients from frequent colds by the use of the cold sponge-bath. Such persons ought not to remain in these resorts four or six weeks only, as is usually the case, but they should continue there during the whole summer, and we shall even more and more advise them to remain there during autumn and winter, since we know by experience in Engadine and Davost that many patients suffering from disease of the chest bear the Alpine winter much better than that of the south. Of course the efficacy of these elevated health resorts for phthisis during winter is to be more implicitly propounded, and is to be demonstrated in a more strictly scientific manner than has yet been done.

Were I to be asked by medical men what, under these circumstances, becomes of the medical treatment of such patients, my reply is that, in chronic diseases of the chest, an opportunity is very often afforded of interfering by means of medicine in the treatment of symptoms, but that these patients have generally taken already too much medicine during the other part of the year, so that a climatic course of milk treatment during the most pleasant time of the year, with well-arranged hygienic measures, and the avoidance of unnecessary medicinal interference, will afford the greatest benefit to the patient. The medical officer of such a resort must, of course, be acquainted not only with the somatic suffering but likewise with the whole psychological life of the patients suffering from chest diseases.

In conclusion, I again refer to a point which has often been the subject of discussion in our clinical meetings. You have frequently heard me express deep regret that a prolonged stay in the hospital, even with the most careful nursing, is more injurious than beneficial to tuberculous patients. Nay, that even the life of many is directly shortened by breathing hospital air. It is to my mind not for a moment doubtful that health resorts in the country would be of far greater benefit to such patients. It is high time that the country, the nation, and parishes became aware that they have a duty to discharge towards the numerous victims perishing by this disease, duties not hitherto recognized.

A principal idea for the future, according to my conviction, must be to provide health resorts for patients suffering from chest diseases in the country near large cities, in well-situated, sheltered, and well-drained spots, in which pleasant walks may be taken in sunny as well as shaded forest paths. All architectural luxury may be dispensed with; hygienic propriety must constitute the main feature. The colonies for mental diseases already existing, the colonies of labouring men more and more guarded by industry and constantly improving in their arrangements, these may be taken, not as patterns, but as points from which to start.

Above all else, large saloons, and the aggregation of large numbers of patients in them must be avoided. It is advisable to have no more than two to four patients in each spacious room, in which every individual ought to have at least double the amount of air which is allotted to them in the usual hospital wards. Good ventilation must be one of the principal points, and the temperature must be regulated in each room by the thermometer being during winter not above 15° R. (65.75 Fahr.), and never below 12 R. (59 Fahr). The attendants of the patients must carefully preserve the utmost cleanliness in the bedding, linen, and closets.

Such residences for patients with chest diseases would most conveniently consist of groups of small houses, and they must not be more than one story high to avoid the ascent of stairs, by which exit into the air would be impeded. The diet should be simple. Milk of good quality must be procured. That of cows and goats will suffice for most cases. If here and there sheep's or asses' milk could be given, it would be better, but these would be difficult to get in such institutions. It would be very beneficial if large cow-sheds could be erected with seats around the walls, in order that those patients who need not be in bed may take their milk in the shed morning and evening, and remain there one or more hours. Attention must be paid to the skin; sponge-baths and friction should be used to lessen the chance of getting cold.

I do not make this proposal that it may serve as a pattern: it is my intention merely to show the possibility of execution of the scheme, that it is by no means Utopian, but capable of realization, provided that every proposition of the kind is not systematically met from its commencement with the stern expression "non possumus," or the milder

sounding phrase "we have no money." The large sums which have been spent in the improvement of certain animal tribes are, I dare say, well spent, but it seems to me a far from Utopian notion that the time has arrived in which some improvement in the human race has become necessary, even though it may be connected with what may be considered monetary sacrifice.—Med. Times and Gaz., Aug. 20, 1870.

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Clinical Lectures on Air in Wounds.—By FREDERIC G. SKEY, F.R.S., Consulting Surgeon to St. Bartholomew's Hospital.

If I ask a student of surgery the reason why a compound fracture of the large bone of the thigh or leg occupies in its treatment so long a time as compared with that required by a simple fracture, I am almost invariably told, "Because the air gets into the wound." Can this be sound pathology? When the admission of air into the wound is given as the cause of the generally untoward and often serious symptoms that attend this injury, it may not unreasonably be inferred that, if not the sole, it is at all events their prominent cause. But to admit this is to ignore other causes far more probable than the presence of air—viz., the laceration and contusion and disorganization of the structures within. Suppose a healthy man to have sustained a lacerated and contused wound of the outer skin, will it unite by what is termed the first intention? No; the contused margins of the wound, or part of it, will probably slough, and the wound will heal by granulations, and instead of a week or two many weeks will be required, if the wound be large, to complete the healing process. And will not this argument suffice in the case of compound fracture, in which so much injury is done to the soft structures around? Besides, what evidence have we that air is admitted, though it is probable that it may be? and, if admitted, what evidence have we of its mischievous character? Can we reasonably infer that the bubbles of air that occasionally escape from the outer wound, indicating the decomposition of the tissues within, are the residue of the air supposed to be forced in at the moment of the accident? Surely not. If surgeons attach so much importance to the presence of air in compound fracture, why is not some effort made to evacuate it before the fracture is "put up?"

I remember hearing an eminent surgeon, when commenting on this commonly received opinion of the deleterious action of atmospheric air in wounds, assert that, had he undergone the operation for psoas abscess, he would have had the cavity of the abscess distended with air by a pair of bellows! In operations for empyema and hydrothorax, of which I have had a full share, I have never made any attempt to exclude air from the cavity of the chest; and I have published elsewhere one interesting case in which, in conjunction with the late Dr. Todd, we wilfully admitted sufficient air to fill a space previously occupied by six pints of serous fluid. This gentleman had not a bad symptom. In the largest example of emphysema from a broken rib I ever witnessed, the air distended the areolar tissue from the temple to the soles of the feet. It was all gradually removed—I suppose I must say absorbed—in the course of about ten days, except that contained in an enormously distended scrotum, which underwent no change in size, and exhibited no sign of mischief. This I punctured at the expiration of three weeks. A sudden gush of air, having no offensive character, escaped through the canula, and the scrotum fell flaccid; and in two or three days had recovered its ordinary aspect and sensibility. Surely if atmospheric air is so injurious as is often supposed, we should obtain some evidence in favour of this opinion from the results of many forms of large operations: the removal of large tumours, herniæ, lithotomy, amputations, &c. If air be admitted to the interior of the body in such cases, it is doubtless absorbed. And why not, admitting its occasional presence, in compound fracture? With such palpable causes of morbid actions as are furnished by contused and lacerated structures within, which must pursue an indirect path to recovery, I think we may not unreasonably exempt atmospheric air from all participation in the morbid consequences of a compound fracture.—Lancet, Aug. 20, 1870.

MEDICAL NEWS.

DOMESTIC INTELLIGENCE.

New York State Inebriate Asylum.—We are pleased to learn from a circular, recently issued, signed by Professor Willard Parker, M. D., President of the Board of Trustees,

that at no time has the prospects for usefulness of the above named institution been more promising, or has it been in so good a condition, so far as the treatment of patients is concerned, as it is now.

It is stated that ample means are provided to meet the physical, intellectual and religious wants of the patients. The Asylum occupies a remarkably healthful and beautiful site. It is furnished with baths, and a great variety of amusements; with a good library and reading-room, which is supplied with the leading daily newspapers and the American and British magazines.

The rules of the Institution require *regularity* in regard to meals—the hours of retiring and rising—and the attendance on the religious exercises of the establishment.

The Asylum has been placed under the charge of Dr. DANIEL G. DODGE, a man of superior administrative qualifications, and towards whom there is but one sentiment prevailing with the officers of the Institution and among the patients, that of profound respect for him as a gentleman and confidence in him as a skilful physician.

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The Medical Times.—This excellent semi-monthly periodical made its appearance October 1. It is printed in handsome style, and each number contains 16 double-column quarto pages. In its arrangement it resembles the London weeklies, having departments for clinical lectures, original essays, hospital reports, editorials, book notices, transactions of societies, summary of the advancement of medical science, &c. The announced list of contributors contains many of the names most distinguished in American medical literature. It affords us pleasure to extend a cordial welcome to "The Medical Times," and we hope that it will achieve the success which its first numbers indicate it merits.

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Philadelphia Hospital, Blockley.—Dr. HARRISON ALLEN has been elected one of the attending surgeons to this institution, vice R. J. Levis, M. D., resigned.

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Albany Medical College.—An official denial has appeared of the slanderous statement recently circulated that this school had affiliated with homœopathy. The high standing of the professors should have prevented currency being given to so dubious a report, and that on the authority too of merely an anonymous newspaper correspondent.

FOREIGN INTELLIGENCE.

Hydrochlorate of Quinia in Hooping-Cough.—Dr. BRIEDENBACH calls attention to the benefit that may be derived from this remedy in hooping-cough when other means have failed. It has already been recommended by Binz. It requires to be administered in comparatively large doses. To a child of three weeks, Dr. Briedenbach gave a grain and a half per diem; and to one of eight years as much as fifteen grains per diem. The improvement was in general speedily manifest; and no ill effects were observed, nor was it ever necessary to diminish the dose. In one severe case the violence and frequency of the attacks abated within forty-eight hours; and a subconjunctival ecchymosis, that had previously been persistent, showed symptoms of absorption.—Lancet, Sept. 24, 1870.

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Hydrate of Chloral in Cerebro-Spinal Meningitis.—Mr. J. B. CHAGNON relates (Canada Med. Journ., Sept. 1870) a case of cerebro-spinal meningitis successfully treated by chloral hydrate, and states he believes this medicine "has never been administered before in this disease." By referring to the number of this Journal for August last, p. 120, he will find that Dr. A. Patton, of Vincennes, Ind., had previously employed it, and reported very favourably of its effects.

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Ipecacuanha Cultivation in India.—It is stated in "Nature" that there has been a good report made of the progress of ipecacuanha culture in India, where it is found so valuable in that prevalent disease, dysentery.

It will be remembered, that ipecacuanha was introduced into Europe more than two centuries ago, as a remedy for dysentery, and that Helvetius subsequently employed it as a nostrum, and having cured by it the dauphin and several distinguished persons of the court who were troubled, with dysentery, he sold his secret to Louis XIV. for one thousand Louis d'or. Baglivi says: "The root of ipecacuanha is a specific and a remedy almost infallible in the dysenteric fluxes." It has been used

with success by a large number of British practitioners in India, and its value is generally recognized. For a full account of this article, see the excellent history of it given by Dr. Stillé in his "Therapeutics and Mat. Med.," third ed. vol. ii. p. 388, also Waring's "Practical Therapeutics," p. 389, the Nos. of the "Am. Journ. of the Med. Sci.," for Oct. 1860, p. 381; Oct. 1861, p. 550; and July, 1862, p. 231; and the Reports of British Army Surgeons in India.

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Tetanus treated by Woorali, Calabar Bean, and Chloral Hydrate.—Mr. Lawson Tait records (Lancet, Oct. 1, 1870) three cases of traumatic tetanus; the first treated by woorali, the second by Calabar bean, and the third by chloral hydrate. He very justly remarks that "perhaps there is no disease about which men rush more ardently into print than tetanus; a single case often constitutes a paper, and from it other practitioners are led to use the vaunted remedy, only to meet with disappointment, and few record it. It has been my misfortune to see a good deal of tetanus, and I have tried many remedies, but always with the same result. If the patient lives over the twelfth day of the disease he is almost certain to recover, whatever be the treatment. The acute cases terminate in from twenty-four hours to three days, and nothing seems to help them in the least; except perhaps that chloral hydrate gives them an easier death than they have without it. The last three cases of acute tetanus which I have seen I have treated severally by woorali, Calabar bean, and chloral hydrate. The results have been unsatisfactory as usual, and in the first case (treated by woorali) I believe that death was, if anything, hastened by the treatment. In these cases elaborate notes were taken of the temperature, pulse, &c.; but as they reveal nothing not already well known, they are omitted."

"In these cases," he adds, "it cannot be said that the treatment was of the slightest use, except that in the last case the chloral saved much suffering both to the patient and his friends. This could be formerly done with chloroform, but with much more trouble, and with no more satisfactory result. I fear that even chloral is not to prove of the value in the treatment of this terrible disease which some of the members of the French Academy recently predicted for it. The other two drugs are still more useless."

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Interesting Autopsy of a Case of Fracture of Neck of Femur caused by attempted Reduction of Dislocation of that Bone.—Attempts at reduction were made, thirty hours after the accident, upon an old man suffering from luxation of the head of the femur above the pubes. As ordinary parallel traction and the rotatory method had failed, the patient was stretched on the ground, in order that circumduction and moderate traction might be carried out. Although M. Verneuil was unaided in his efforts, the neck of the femur snapped at the very outset of this manœuvre. The head of the bone, however, remained fixed. The patient died four years afterwards, at the Asylum for Aged People. On examination it was found that the caput femoris was quite isolated from the shaft by a fracture situated at the junction of the neck and the trochanters; and that it rested on the notch between the anterior superior spinous process of the ilium and the ilio-pectineal eminence. The head of the bone was strangulated by a loop formed externally by the tendon of the rectus femoris, and internally by the psoas. The tractions which had been made had, of course, a tendency to tighten the loop.—Lancet, Aug. 20, 1870.

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Animal Vaccination.—The report on this subject by Dr. Seaton, contained in the twelfth Privy Council Medical Report, is, as the very name of its author insures, a most complete and careful document. For the sake of the many and manifest advantages that would seem likely to accrue from the system, we regret to record that Dr. Seaton's testimony is entirely condemnatory of its employment. He finds that the degree of success attending the practice of animal vaccination is low, and such as to constitute a serious drawback to its use; while much training and practice are required before even that low degree of success can be secured. He therefore believes that its general introduction could not fail to cause the presence in the community of a large and constantly increasing number of unprotected or imperfectly protected persons, and thus to become a source of extensive and fatal epidemics of smallpox.—Lancet, Aug. 20, 1870.

The experience in Paris during the recent epidemic of smallpox there, is to the same purport.

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Phosphate of Lime.—A book has lately been published in Paris, by M. DUSART, on the physiological and therapeutical properties of phosphate of lime. The author maintains, after numerous experiments in the animal kingdom, that this salt is the natural exciting agent in the functions of nutrition; that it induces the albuminoid matter to assume the cellular shape; and that it controls the formation of tissues. In short, according to M. Dusart, phosphate of lime is eminently an agent of nutrition. This view holds good, also, in respect of the vegetable kingdom; and the author asserts that the salt in question is concentrated in the leaf bud, but is almost absent from the fully developed leaf, so as to become concentrated in the seed preparing for the ultimate development of the embryo. M. Dusart points out that the phosphate of lime is always conjoined with nitrogenous matter in plants; and that the relative proportion of the salt and the nitrogen is always identical, wherever they are met with. In animals the same phenomenon takes place; and when they are made to feed much upon the phosphate, they absorb more food, and increase rapidly in weight, owing to the transformation of the albuminoid matter contained in the food into muscular fibre.—Lancet, July 23, 1870.

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Diagnosis of Insanity.—An inquest was recently held at Louth, in Lincolnshire, on the body of an old man who had committed suicide, and the question was raised as to whether his mental condition for some time previously had not been such as would have justified the medical officer of the district in giving a certificate for sending the man to an asylum, whereby his death might have been averted. The coroner, however, took a proper view of the case, and pointed out that the penalties of the law were so severe for pronouncing a person insane without sufficient grounds, that a medical man was not justified in signing a certificate of lunacy without the most positive evidence of the fact.—Lancet, Oct. 1, 1870.

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Adhesions in attempted Ovariotomy.—When an ovariotomist finds, after his abdominal incision, and the evacuation of the contents of the cyst, that the latter is completely adherent to the parts around, he generally closes the wound, and leaves the operation unfinished. Not so Dr. Jouon, Professor at the Medical School at Nantes, in France. Being called upon to perform ovariotomy upon a married woman of twenty-nine, he observed after his incision from below the umbilicus to the pubes, and the puncturing of the cyst, that the adhesions were so tight that the sac could not be isolated. The idea of actual ovariotomy was then given up, and the case treated as one of artificial anus. The margins of the wound were secured against the cyst, and a tent passed into the latter. The patient had a fearful reaction; but by dint of attentive care, and the syringing of the cyst, first with alcohol and water, and afterwards with tincture of iodine, with appropriate narcotic and tonic remedies, the woman was quite restored in a little less than four months.—Lancet, July 23, 1870.

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The Liver the Seat of Formation of Urea.—The latest researches upon the place of origin of urea, and especially the beautiful experiments of M. Gréhant, have demonstrated that the kidneys are by no means secretory, but purely excretory, organs for urea. Dr. Cyon, in the last number of the "Centralblatt," publishes a few facts in the form of a provisional communication, to show that it is probably produced at the liver. The plan of experimentation adopted (in common with M. Istomin) was as follows: The whole of the blood was abstracted from the carotid of a dog, and a portion, after being defibrinated, was transmitted by means of mercurial pressure through the liver. Coincidently three canulæ were introduced—one into the inferior vena cava, the second into the hepatic artery, and the third into the vena porta. The results of careful analysis showed that the blood which had passed through the liver contained a much larger proportion of urea than ordinary arterial blood. In one experiment 100 c. c. of the arterial blood when defibrinated contained 0.08 grammes of urea; but after having been passed four times through the liver, the same quantity contained 0.176 grammes.—Lancet, Oct. 1, 1870.

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HENRY C. LEA, Philadelphia.